

## Conference

### VITAMIN D AND HEALTH IN THE 21st CENTURY: *BONE AND BEYOND*

**William H. Natcher Conference Center  
Natcher Auditorium, Building 45,  
National Institutes of Health (NIH) Campus  
Bethesda, Maryland**

**October 9 – 10, 2003**

**Advanced Registration Deadline September 12, 2003**

**To register, complete the form below.**

Items marked with an asterisk are required.

\*First Name:

\*Last Name:

Degree(s):

Title:

Office Mailing Address: (For Contact Information)

\*Street 1:

Street 2:

\*City, \*State, \*Zip:

\*Phone Number:

Fax Number:

E-mail Address:

Special  
Accommodations:

Individuals with disabilities who need Sign Language Interpreters, assistive devices and/or reasonable accommodations to participate in this conference, please contact Kanzada Douglass, during business hours; 8:30 a.m.-5:00 p.m., at (301) 749-0456 or email [kanzada@aol.com](mailto:kanzada@aol.com) at least 10 days before the meeting to discuss your needs.

Please check affiliation

☐ NIH

☐ CDC

☐ Other Federal Government agency--Please Specify

☐ Non-Government – Please Specify

☐ Other – Please Specify Organization

Month and Day of Birth (to be used as ID code for CME): \_\_\_\_/\_\_\_\_

## Reception

October 9, 2003, 6:00 p.m. – 9:00 p.m.

Bethesda Marriott

5151 Pooks Hill Road

Bethesda, Maryland

☐ Will attend

☐ Unable to attend

## Registration Fee

\$100 Advanced Registration Fee

\$150 After September 12, 2003

\$50 Federal Employees (non-refundable after September 12, 2003)

***Registration fee includes conference materials, continental breakfast, lunch, and reception.***

Please provide your credit card information below. Your credit card information will not be stored in any area that is accessible by the public. As a reminder, **KZ Associates, Inc.** will appear on your credit card statement.

## Method of Payment

☐ Credit Card Type: AMEX\_\_\_\_ VISA\_\_\_\_ MC\_\_\_\_

*As a reminder: KZ ASSOCIATES, Inc. will appear on your credit card statement.*

Credit Card No.: \_\_\_\_\_

\_\_\_\_\_  
*Name as it appears on Credit Card (please print)*

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

☐ Check (***Make checks payable to: KZ ASSOCIATES, Inc.***).

**Mailing Address:**

P.O. Box 442456

Fort Washington, Maryland 20749-2456

Attention: Ms. Kanzada Douglass

## **Refunds**

If unable to attend, please notify KZ Associates, Inc., in writing, by September 12, 2003. A \$50 cancellation fee will apply to all non-Federal Employees.

*For additional information and inquiries, please contact Ms. Kanzada Douglass, Meeting Planner Phone: 301-749-0456. Fax: 301-749-0457*

## **HOTELS**

Bethesda Marriott Hotel  
5151 Pooks Hill Road  
Bethesda, MD 20852  
Telephone: 301-897-9400

Hyatt Regency Bethesda  
One Bethesda Metro,  
Bethesda, MD 20814  
Telephone: 301-657-1234

The Double Tree Hotel  
1750 Rockville Pike  
Rockville, MD 20852  
301-468-1100

The Sheraton  
8400 Wisconsin Avenue  
Bethesda, MD 20814  
Telephone: 301-654-1000